

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/31/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2017
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF GREENEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 106 HOLT COURT GREENEVILLE, TN 37743		
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F 000	INITIAL COMMENTS	F 000	Disclaimer:		
F 225 SS=E	<p>During the annual Recertification survey and complaint investigations #41763 and #41872, conducted 7/16/17 - 7/18/17 at Signature Healthcare of Greeneville, deficiencies were cited related to complaint #41763 under 42 CFR Part 483, Requirements for Long Term Care Facilities, 483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>483.12(a) The facility must-</p> <p>(3) Not employ or otherwise engage individuals who-</p> <p>(i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;</p> <p>(ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property, or</p> <p>(iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.</p> <p>(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.</p> <p>(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p>	F 225	<p>Signature HealthCARE of Greeneville does not believe and does not admit that any deficiencies existed either before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.</p> <p>F 225 Investigate/Report/Allegations Individuals</p> <p>Residents affected: The facility reported to the appropriate agencies on 6/17/17. Resident 107 and 1 were immediately assessed with no signs of abuse. A 100% audit of all allegations of abuse 30 days prior to 6/17/17 was completed by the Administrator on 8/8/17.</p> <p>Residents potentially affected: A 100% audit of all allegations of abuse since 6/17/17 was completed by the Administrator on 8/8/17. Other residents on were assessed for signs and symptoms of</p>	8/18/17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	Continued From page 1 (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. (2) Have evidence that all alleged violations are thoroughly investigated. (3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on review of facility policy, medical record review, review of facility investigation, and interviews the facility failed to immediately report and thoroughly investigate an allegation of abuse for 2 residents (#107 and #1) of 4 residents	F 225	abuse. There were no other allegations. Education was provided to the current administrator, DON, ADONs, MDSC, SSD, QOLD, and CDM on 7/18/17 by the Director of Clinical Operation on the abuse policy, completing a thorough investigation, and reporting to the appropriate state agencies timely. Then the department manager will educate line staff on the abuse policy and will be completed by 8/17/17. Systemic measures: All allegation of abuse will be audited weekly for 4 weeks by the administrator. All allegations of abuse were reported to the appropriate state agency timely and a thorough investigation of the allegations had been conducted. Education was provided to the current administrator, DON, ADONs, MDSC, SSD, QOLD, and CDM on 7/18/17 by the Director of Clinical Operation on the abuse policy, completing a thorough investigation, and reporting to the appropriate state agencies timely. The facility Administrator will ensure allegations of abuse are reported to the appropriate state agencies timely and a thorough investigation has been conducted. The Administrator, SSD or DON will review new allegations of abuse daily in the morning clinical whiteboard meeting M-F to ensure allegations of abuse are reported timely and thoroughly investigated. 100% of allegations of abuse will be audited monthly for 3 months for three months to ensure allegations of abuse are reported to the appropriate state agencies timely beginning Aug 17 2017. The regional nurse consultant will review all investigations to ensure abuse policy is followed beginning 8/17/17. The nurse consultant will continue		

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F 225	Continued From page 2 reviewed for abuse. The findings included: Review of the facility policy, Abuse, Neglect, Exploitation, and Misappropriation of Property, last reviewed 5/22/17, revealed, "...to prevent the occurrence of abuse...and to assure all alleged violations...are investigated, and reported immediately to the Facility Administrator...this policy applies to all residents...even if he or she does not understand the incident...allegation of abuse means a report, complaint, grievance, statement, incident, or other facts that a reasonable person would understand to mean that abuse...is occurring, had occurred, or plausibly might have occurred...all alleged violations involving abuse are reported immediately, but no later than 2 hours after the allegation is made...a licensed nurse will perform, document and sign a physical and mental assessment of any potential resident victim of abuse...if an allegation of sexual abuse, the resident's body should not be washed, and clothing and bedding should not be removed from the immediate area...report any 'allegation of abuse'...to the charge nurse on duty...immediately notify the Director of Nursing, Facility Administrator...the Facility Administrator will investigate all allegations, reports, grievances and incidents that potentially could constitute 'allegations of abuse'...the Facility Administrator...oversee and complete the investigation...the investigation should include interviews or persons who may have knowledge of the alleged incident...and shall conduct an appropriate physical assessments of residents who are not capable of being interviewed..."	F 225	to review 50% of abuse allegations after 6 months to ensure abuse policy is followed. Monitoring measures: Audits will be reviewed at the monthly QAPI meeting, if any deficient practices are noted in the morning white board meeting or monthly audits the deficient practice will be immediately corrected and reported to the monthly QA meeting for 3 months beginning August 2017.		

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F 225	<p>Continued From page 3</p> <p>Medical record review revealed Resident #107 was admitted to the facility on 2/27/14 and readmitted on 5/30/17 with diagnoses of Cognitive Communication Deficit, Type 2 Diabetes Mellitus, Fracture of Femur, Hypertension, Dementia, Schizoaffective Disorder, Delusional Psychosis, and Dysphagia.</p> <p>Medical record review of Resident #107's Admission Minimum Data Set (MDS) dated 6/6/17 revealed a Brief Interview for Mental Status (BIMS) score of 3, indicating Resident #107 was severely cognitively impaired.</p> <p>Medical record review revealed Resident #1 (roommate of Resident #107) was admitted to the facility on 4/17/17 with diagnoses of Type 2 Diabetes Mellitus, Glaucoma, Generalized Anxiety Disorder, Major Depressive Disorder, Delusions, Psychosis, Schizoaffective Disorder, and Chronic Pain Syndrome.</p> <p>Medical record review of Resident #1's Admission MDS dated 4/25/17 revealed Resident #1 had a BIMS score of 15, indicating Resident #1 was cognitively intact.</p> <p>Medical record review of a facility investigation, not dated, revealed "...[Resident #1] reported to CNA [Certified Nurse Aide] at approximately 11:30 pm on 6/19/17 that 'Mr. Allen' was in the room. CNA asked where he was and resident [#1] stated he was invisible and that she could not see him...Resident [#1] continued to be upset stating that he was raping resident [#107] and stealing her money. CNA reported to charge nurse. Charge Nurse failed to follow abuse policy...Charge nurse reported to Abuse Coordinator on 06/20/2017 at approximately</p>	F 225			

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F 225	<p>Continued From page 4</p> <p>01:55 am...Resident [#107] was transferred to [hospital] and examined and stated no one had done anything to her..."</p> <p>Medical record review of an Event Note dated 6/21/17 at 1:55 AM, revealed, "...allegation of sexual abuse...this nurse [License Practical Nurse (LPN) #4] and [LPN #3] went back to resident's room to make sure she was safe...resident also reported feeling safe when ques [questioned]...reported to abuse coordinator [Administrator] immediately...Notifications and Orders:...Doctor...6/21/17 2:37 AM...DON [Director of Nursing]...6/21/17 2:40 AM...CEO [Chief Executive Officer]...6/21/17 2:00 AM...Orders Received...6/21/17 2:37 AM..."</p> <p>Medical record review of a Resident Transfer Form for Resident #107 dated 6/21/17 revealed, "...reason for transfer sexual abuse allegation...dates of transfer 6/21/17...pt [patient] has reported being raped per verbalization...sent out for evaluation..."</p> <p>Medical record review of the Physician Documentation Emergency Department dated 6/21/17 revealed "...arrival date/time 6/21/17 0741 [7:41 AM]...sexual abuse allegations...told staf [staff] at NH [nursing home] that poss [possible] assault at the NH [nursing home] that [television personality] poss [possibly] sexually assaulted her 2 days ago [6/19/17]..."</p> <p>Medical record review of Resident #107's Behavior Note dated 6/21/17 at 5:21 PM revealed, "...transferred to...Hospital after an alleged incident of rape. According to reports, resident said someone named 'Mr. Allen' entered her room and raped her..."</p>	F 225			

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F 225	<p>Continued From page 5</p> <p>Review of the facility investigation revealed 29 Witness Statement-Confidential forms had been completed 6/23/17 through 6/27/17 by facility staff members (2 to 4 days after the allegation was made). Continued review revealed staff were not instructed to provide a detailed explanation and/or knowledge of the allegation, rather staff members were asked "Do you know of any abuse or any abuse that has not been reported?" with instructions for the staff member completing the form to "circle yes or no." Continued review revealed no documentation that a licensed nurse had performed, documented, and signed a physical and mental assessment for the alleged victim (Resident #107), or her roommate (Resident #1), as indicated by facility policy.</p> <p>Review of the facility's Investigation Witness Statement, from CNA #1 dated 6/23/17, revealed "...date of incident occurred...6/19/17...[Resident #1] was very upset crying and screaming 'that [profanity] is in here!' I asked who she was talking about. She told me 'Mr. Allen?' I asked where he was & [and] she stated he was invisible & I couldn't see him...She continued to be upset stating that he was raping her & stealing her money! Everytime I went out of the room and returned, she was claiming that he raped her and called her a prostitute. I notified [LPN #1] of all of these happenings. I also told the day shift girls [CNA #2 and LPN #2]..." Further review of the facility's investigation revealed Resident #1 was not interviewed and no skin assessment was completed as indicated per facility policy.</p> <p>Medical record review of Resident #107's revealed no documentation to support Resident #107 had made an allegation of sexual abuse.</p>	F 225			

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F 225	Continued From page 6 Medical record review of Resident #1's chart revealed no documentation in regard to the alleged sexual assault and/or an investigation of the alleged sexual assault. Interview with the Administrator on 7/17/17 at 5:05 PM, in the conference room, confirmed he was notified of the allegation of sexual assault on 6/21/17 at approximately 2:30 AM (2 days after the initial allegation was made). Further interview confirmed upon notification the facility began an investigation. Continued interview confirmed he was not notified of the allegation made by Resident #1 on 6/19/17. Further interview confirmed the facility failed to identify Resident #1 as the resident who reported the allegation of sexual abuse until questioned by the survey team on 7/17/17. Continued interview with the Administrator confirmed the facility "...dropped the ball..." and failed to immediately report and thoroughly investigate an allegation of sexual abuse.	F 225			